of luetic ataxia may be preceded by psychical phenomena bearing a more or less complete resemblance to paretic dementia.

TYPHOID FEVER AMONG THE INSANE.— Dr. Rath (*Allgemeine Zeitschrift für Psych.*, B. xli., Hft. 3) states that an epidemic of typhoid fever occurring among the insane was marked by the absence of psychical symptoms. The fever was brief, and roseola occurred in one case only. Convalescence was rapid. Under the influence of the fever twenty-one per cent. of the cases attacked recovered, forty-two per cent. had a temporary remission of the symptoms, twenty-nine per cent. remained unimproved, and eight per cent. died. These results are much the same as those obtained by Campbell (*Journal of Mental Science*, 1882-83), and de Monteyel (*Annales médico-psychologiques*, s. vi., t. ix.), and seem to hint at the possibility of good results from energetic therapeutic measures, with allied effects to those of typhoid fever.

TRIPLE DIATHESIS IN A MELANCHOLIAC.—Rousseau (*L'Encéphale*, No. 6, 1884) mentions a melancholiac who had been badly treated by her husband, and acquired syphilis from him. She was then attacked with atrophy of the optic nerve ; motor together with sensorial impairment. The patient died, four years after the beginning of psychosis, from lung disease. The autopsy showed a gummy swelling of the dura at the base, and it had become adherent to the left half of the cerebellum. The same part of the cerebellum was also the seat of an isolated, centrally located carcinoma ; the central ganglia, especially the thalami, were discolored and softened. Besides the syphilitic and carcinomatous diatheses, there appeared a third, tuberculosis, which was limited to the lungs.

BLOOD OF THE INSANE.—Dr. H. Sutherland (*Journal of Mental Science*, April, 1884) concludes that in the insane generally a leucocythæmic condition frequently exists ; that any great increase in the number of leucocytes at the expense of the red, and an absence of rouleaux from the blood of the insane, are conditions which generally indicate a very low degree of vitality ; that in paretic dementia, epileptic insanity, and hebephrenia, the blood is most deteriorated and the vitality lowered in the male. In mania, melancholia, and dementia the same is the case with the female. It is obvious that the conditions designated under mania, melancholia, and dementia are not clearly demarcated from each other and from various other forms of insanity, and that this vitiates the value of these results.

THE KANKAKEE SYSTEM OF INSANE HOSPITAL CONSTRUCTION.—Dr. F. H. Wines (Eighth Biennial Report of the Illinois

Board of Charities) concludes: First: The amount of land to be purchased should equal one acre for every patient to be provided for, and it should be remembered that land can be bought for a less price when the institution is first established than at any time thereafter. Second: The first step to be taken, is to lay out the ground, with the aid of a skilled engineer, in such a manner as to ensure thoroughly good and sufficient sewerage, and a proper distribution of water-pipes, gas-pipes, and pipes for steam-heating, so arranged that they can be directly connected by branch-pipes with every building. The plan adopted for the placing of buildings should have reference to this system of pipes. The pipes should follow the lines of the streets which are laid out. The land on each side of these streets should be subdivided into building lots, in sufficient number to admit of the gradual development of the institution by the addition of a few buildings at a time, and of sufficient size to avoid crowding the patients in consequence of the too close contiguity of houses. All thought of connecting the "blocks" by corridors should be abandoned. Third: Large tracts must be reserved for pleasure-grounds, for both sexes. Fourth: Not more than from one fifth to one third of the total capacity of the institution should be in the form of a close hospital, and the hospital proper, instead of being made the prominent feature, should be as inconspicuous as possible. This end may be attained by dividing it, and having a separate hospital for each sex. There should be no centre building for the use of the officers of the institution; least of all should the officers be collected together in the building designed for the care of the acute and paroxysmal cases of insanity. Separate residences for officers and their families, scattered over the grounds, are in every respect preferable. Fifth: The medical offices should be entirely separated from those devoted to the transaction of ordinary business. The business offices should be in a distinct building, in connection with the store-rooms for general supplies; and it is this building, not the hospital, which should be ornamented and made to attract the attention of visitors as the principal feature and central point of the architectural design. It should be devoted exclusively to business, and there should be in it no sleeping apartments or living-rooms. If, however, it is desired to give it additional dignity, the hall for amusements may be included with it, and occupy the upper floor. Sixth: There is no rule for the construction of the detached buildings. In respect of size, capacity, and arrangement, they must be adapted to the probable classification of patients and the needs of each class, remembering that the same arrangement is not equally suited for all patients, and that uniformity is as objectionable in detached wards as in any other form of construction. Generally speaking, such buildings should be only two stories in height; basements should, as much as possible, be discarded; the day-rooms should be on the lower floor; the upper floor should consist of large associated dormitories; the amount of floor-space to be allowed is about fifteen square feet

per patient for dining-rooms, thirty feet for day-rooms, and forty-five feet for dormitories. Bars and gratings should be left off the windows. A single building may contain one ward or more, according to circumstances ; but the larger the building, the nearer the approach to the system for which detached buildings are a substitute, and the sacrifice of the advantages of the new system is proportionably great. In planning these buildings, it must constantly be borne in mind that each ward does *not* need to be complete in itself ; and that general dining-rooms, bath-houses and clothing-rooms obviate, to a certain extent, the necessity for elaborate arrangements for these uses in a portion, at least, of the detached wards,—not in all of them. Neither is it necessary to have a resident physician in each house. Seventh : The abandonment of the "main central building with wings" renders it possible to introduce entirely new arrangements of the kitchens, laundries, shops, boiler-houses, etc., in which the work of an institution is carried on.

EPILEPTIC VIOLENCE.—Dr. M. G. Echeverria (*Journal of Mental Science*, April, 1885) says that there is no essential difference between the automatic sudden impulses which occur after an ordinary epileptic fit, and those committed by an epileptic lunatic during a frantic paroxysm. In either case the psychical condition which underlies the act, is the same ; in both instances the violence is automatic. Sudden, impulsive acts, related to the psychical manifestations of epilepsy, very often evince in their automatic execution a coherent, planned purpose, and a deliberation which can be disclosed even in the co-ordinate, intellectual operations during the development of the fit, and in those instances that might, at first sight, appear motiveless ; while the outburst of unconscious violence is again by no means so abrupt and instantaneous to render deliberation impossible. The irascible outbursts of epileptics are frequently the psychical exponents of unobserved fits of *petit mal*, may easily culminate in criminal catastrophes, and therefore are of medico-legal value. Epileptics cannot be held responsible for any act of violence perpetrated during their unconscious automatism, which they have no power to control nor capacity to judge.

ABERRATIONS OF THE SEXUAL SENSE.—Dr. Tarsanow (*Westnik Psikiatrii*, ii., 1884), having had charge of the clinic of venereal diseases at St. Petersburg, Russia, has had for many years frequent opportunities of observing sexual perversities. Pæderasty in many modifications, and also other forms of perverse sexual activity, have been observed by him. From a clinical and ætiological point of view he gives the following classification : Subjects, suffering from perverse sexual desire are divisible into two groups. First, such as are disposed to it from their birth, on account of hereditary neuropathic constitution, and others who have not